No. 01-572

IN THE SUPREME COURT OF THE STATE OF MONTANA

PAUL ADAMSON,

Plaintiff-Appellant,

-VS-

PONDERA COUNTY and THE HUMAN RIGHTS COMMISSION OF THE STATE OF MONTANA,

Defendants-Respondents.

APPENDIX OF RESPONDENT PONDERA COUNTY

Appearances:

Attorneys for Plaintiff-Appellant:

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Attorneys for Defendant-Respondent
Pondera County:

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Montana Human Rights Commission

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and Industry
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Helena, Montana 59624-1728

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COPY

COLUMBUS HOSPITAL GREAT FALLS, MONTANA

ADAMSON, PAUL 334260 - 4477162 M.B.LUCKETT, MU AQB 64 XO

MAY 27, 1994 - BILATERAL SHOULDER ARTHROGRAM EVALUATIONS:

The nature of these exams were explained in detail to the patient including possible complications such as infection in the shoulder joint developing. The nature of this was discussed aid understood. The patient denies any significant allergies.

Following local anesthetic aiid antiseptic technique llic lelt slioulder aiid the right slioulder arthrogram were performed. The patient tolerated the procedures well. After llic first exam llic patient was asked if he wished to continue and he said he certainly did since it was not a difficult examination.

The arthrogram findings reveal rotator cuff tear on bod shoulders. Both left aiid right side show prompt contrast extension into the subacromial space aiid into the subdeltoid bursa.

IMPRESSION:

Abnormal bilateral slioulder arthrograms as described. Both sliow rolalor cuff tear injury.

J.C. MAILANDER, MD/Igd

5/27/94 5/27/94 1835

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COLUMDUS HOSPITAL GREAT PALLS, MONTANA



ADAMSON, PAUL 334260 M. E. LUCKETT, M.D.

DATE OF ADMISSION: 6-2-94 **DATE OF** DISCHARUE 6-3-94

ADMISSION DIAGNOSIS: Bilateral rotator cuff icars.

PERTINENT HISTORY AND PHYSICAL EXAMINATION: This is a G4-year-old male with about a one month listory of right dominant extremity weakness aiid almost a six month history of left slioulder pain aiid weakness. Arthrograms revealed bilateral rotator cull tears. Physical examination shows pain with abduction, external rotation. He does have full active range of motion with +3/5 strength in abduction.

COURSEIN HOSPITAL The patient was taken to the operating room on Le date of admission and underwent right shoulder rotator cuff repair. Postoperative course was essentially unremarkable. He was discharged home G-3-94.

FINAL DISCHARGE **DIAGNOSIS:**

Bilateral rotator cuff tear, status-post right shoulder rotator cuff repair.

DISCHARGE MEDICATIONS: Duricef 500 mg dispensed #20 sig 1 p.o. b.i.d., Bancap HC dispensed #40 sig 1 p.o. q4h p.r.n. pain.

FOLLOW-UP:.' In sin weeks time in Cut Bank.

ACTIVITY: Patient is instructed to wear his abduction pillow full-time.

M. E. LUCKETT, M.D./kjg

6-3-94 **0927** 6-3-94 1754

DISCHARGE SUMMARY

Paul is in today for avpluation of bilateral shoulder pain. He notes that his left shoulder has hurt since a fall, I believe, in Edition of this year when he slipped on some ice and landed on his elbow. His right shoulder, he says, pupped out, as he put it, about two weeks ago and, since then, he has had weakness and difficulty abducting his shoulder in addition to shoulder pain. X-rays taken today show no gross abnormalities of either shoulder. The subacromial space looks symmetrical without any superior subluxation of the shoulders consistent with a large full thickness rotator culf tear. He appears to have some impingement type symptomatology, but he also has marked weakness of abduction bilaterally and marked pain with resisted abduction with elbows at his side and in various degrees of abduction. At about 90° of abduction, I would rate his strength as only about 3 + at bost, and he has marked pain associated with resistance in this position. I think this is most consistent with a rotator culf tear, and it would appear that he may have bilateral tears with his right side being the more symptomatic of the two. I have made arrangements for him to have bilateral shoulder arthrograms down in Great Falls, and I will re-evaluate him after this is done.

Michael Luckett, MD/BI

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ADAMSON, PAUL 07/15/94 Note to Tom mergher, P. T.

This is follow-up on Paul, now six weeks post right shoulder rotator cull repair. I have discontinued utilization of his abductor splint. I have given him some passive and active range of motion exercises. I will see him back in Cut Bank in about three weeks' time and will anticipate that we will enroll him in some formal physical therapy at that point. I think we should wait probably another 6-8 weeks before we anticipate doing his other rotator culf repair.

Michael Luckett, MD/BI

This is follow-up on Paul for his right shoulder rotator cull repair. He is now about 2% months postop and has been doing his own home exercise program. His range of motion now is full. He has only occasional mild discomfort, and he notes his strength is improving daily. Since he is doing so well, I think he can go ahead aild continue on a home Theraband exercise program as he has been doing, utilizing Theraband. I will plan on re-evaluating him again in about two months. He wishes to put off repair of his left rotator cull at this time. There told him he can yo back to work, but I would like him to evold lifting anything greater than about 20 pounds.

Michael Luckett, MD/Bi

This is follow-up on Bod for his bilateral rotator cull tears. He had his right shoulder repaired in Johe and continues to do well with absolutely no pain. He is continuing on a home exercise program. His left slioulder continues to bother him, although not continuously. I think we should go ahead and repair the left slioulder rotator cull tear as well as I think Mr. Adamson is a relatively active 64-year-old male with a relatively good prognosis for living another decade or more. I will plan on seeing him again in January, arid wu will discuss fixing his left shoulder. Michael Luckett. MD/BI

ADAMSON, PAUL 01/10/95 CUT BANK Note to Tom Meagher, P. T.

This is lollow-up on Paul for his right slioulder rotator cull repair, now about six months post surgery. He states that his right shoulder is doing quite well. He's not having any problems. He dues have some pain in his left shoulder but continues to have full active range of motion. I think that, certainly, at some point, we should yo alread and repair his left rotator cull. He wants to put this off for now, so I think it would be reasonable to let him go back to work without restrictions.

Michael Luckell. M.D./Bl

1.23-95 All office moles to gef Lynck, attorney. Request/ release in chart. Pm plume of Sugary o Man Moulder Sugary o Man Moulder 5/1 3/45

. Orlhopodic Surgery 400 - 15th Avenue South, Suite 104 Great Falls, MT 59405 (406) 701-2020

Date 8/12/54

RE. adamson Vul

To Whom it Hay Concern,

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restrictions on his/her activities:

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Sincerely,

MICHAEL E. LUCKETT, M.D.
Orthopodio Surgery
400 - 15th Avenue South, Sulle 104
Great Falls, MT 59405
(406) 701-2020

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Hichael E. Luckett,

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MICHAEL E. LUCKETT, M.D.
Orlhopadla Surgery
400 - 15th Avenue South, Suite 104
Great Falls, MT 59405
(406) 761-2020

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Orlhopedio Surgery
400 - 15th Avenua South, Suite 104
Greal Falls, MT 59405
(408) 761-2020

Date 1/13/95

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To Whom 14 Hay Concern,

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Highest E. Luckett, H.B.

COLUMDUS HOSPITAL GREAT FALLS, MONTANA

ADAMSON, PAUL 334260 M.B.LUCKETT, M.D.



DATE OF ADMISSION: APRIL 3, 1995

DATE OF DISCHARGE: APIUL 4, 1995

ADMISSION DIACINOSIS: Lest shoulder rotator cust tear.

PERTINENT HISTORY AND PHYSICAL EXAMINATION: This 64-year-old male has a history of left shoulder rotator cuff tear documented by arthrogram. Physical examination shows impingement type pain and some abduction weakness.

COURSE IN THE HOSPITAL: The patient was taken to the operating room on the dale of admission and underwent left shoulder rutator cuff repair. Postoperative course was essentially unremarkable. \blacksquare e was discharged to home 4/4/95.

FINAL DISCHARGE; DIAGNOSIS: Lest shoulder rotator cull tear, status post repair.

DISCHARGE MEDICATIONS: Vicodin dispensed No. 60, sig. I PO q 4 to 6 H prn pain.

ACTIVITY: Full time sling wear.

FOLLOW-UP in Cut Bank in approximately 10 days time.

M.B.Luckett, M.D./ping

4/24/95 1318 4/25/95 1209 #2634

DISCHARGE SUMMARY

STATE OF BUILDING

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dihold 3757/15.mc.

ADAMSON, BUD

DATIATES CUT BANK Mote to Tom mergher, P. T.

This is about a 10-day follow-up an Bud for his fell shoulder in tater cull repair. He has no complaints. The incision is well healed. The steples are removed. He is to continue wearing his sting for one month. I will see him again in a month, arid we will plan on beginning some physical therapy.

Michael Luckell, M.D./BI

5-10.95 Office Note from 1-13-95 and 4-14- 95 and oprop. dated 4-3 95 to actioning giff Lynch. Requisit / selease in chart. PAm

ADAMSON, BUD

05/12/95 CUT BANK Mole to Tom meagher, P.T.

Bud is now about six weeks status post left shoulder rotator cull repair. He has no complaints. I have written a prescription to begin active and passive range of motion exercises for three weeks followed by resistive exercises three times a week for five more weeks. I have given him a work release for light duty beginning next Monday. He is not to utilize his left upper extremity for any litting activities, then six weeks later he can begin lifting activities with a restriction to 20 pounds. I would like him to continue that until January of 1996 at which time he will have the full work release. I will plan on reevaluating Bud in about two months.

Michael Luckett, M.D./BI

AMSON, PAUL

OTHERE CUT BANK Note to Tom Meagher, P.T.

This is follow-up on Mr. Adamson for fell shoulder rotator cull repair. He is now about 2½ months post rotator cull repair. He notes that he is gradually improving, but it seems like his shoulder is improving more slowly than the other. He has active abduction to about 100°; passively, he goes to about 110°. Flexion is about 120°. Extornal rotation is symmetric.

He is to continue on his home exercise program, and he can go ahead and go back to work. I have given him a litting restriction of 25 pounds at waist level and 15 pounds above shoulder level. I will plan on reevaluating him next month in Cut Bank. *Michael Luckett, M.D./BI*

ADAMSON, BUD

09/19/95 CUT BANK CLINIC

Note to Tom Meagher, P.T.

This is a four-month follow up on Bud now for his left shoulder rotator culf repair.

PHYSICAL EXAM is essentially unchanged from previously. He notes gradual improvement with minimal discomfort. He can continue now on a home exercise program. I will plan on recivaluating him again in two months' time.

Michael E. Luckett, M.D./BI

adamson, Paul

WILLIE CUT BANK CLINIC Hote to Tom Meagher

This is follow-up on Paul for his bilateral shoulder rotator cult repair. Overall, he is doing quite well. He says that his left shoulder is not healing quite as rapidly as his right, but it continues to improve. I think that it would be okay at this point for him to go back to work without restrictions. I have reminded him that, at age 65, he no longer should expect to do what a young man can do and I would be concerned about any heavy overhead lifting activities. On discussion of his job description, however, he says that this should be unlikely; any heavy lifting such as 50 or 100 pounds would be done, essentially, as a hanging type lift, lifting with his lower extremities and grip strength. I will see him again in six months'

e. He is to continue on a home exercise program.

chael E. Luckett, MD/BI

2.23-96 Sent Bul a card Rescheduling him from 4-12 to 4-26-96 in C.B. as we changed date of C.B. Clinic.

A-10

CUT BANK CLINIC Tote to Ton Mayber ..

All

This is follow-up on Paul for his bilateral shoulder rotator cult repair. He notes that his right sliculder does not bother him at all. His left shoulder gives him occasional twinges of pain, only with overhead lifting activities. Otherwise, he has no discomfort. He is to continue on his exercises indefinitely. If he has any worsening symptoms, he is to let me know. Otherwise, he requires no further follow-up.

**Michael E. Luckell, MD/BI*

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Michael E. Luckett, M.D.

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Orthopedic Surgery

400 - 15th Avenue South, Suite 104 Great Falls, MT 68405

(406) 761-2020

Date 5/12/95

RE: Bul alumpa

To Whom it May Concern,

This patient is under my care for Alf Should Not Coff. with Sie/she may/may not return to work or school. I am placing the following restrictions on his/her activities: 5/15/95 his wall better to work of the 2010 drift with the his with the his work of 196.

sincerely,

Orthopedic Surgery 400 - 15th Avenue South, Suite 104 Groat Falls, MT 59405 (406) 701-2020

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400 * 15th Avenue South, Suite 104
Greal Falls, MT 59405
(406)761-2020

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RE: Paul alleman

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Sincerely,

Michael E. Luckett, M.D.

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